

NONRESIDENT STOCKHOLDERS FOR SHARES ACQUIRED UNDER S.E.A.
W.S. § 16-6-101(a)(i)(D)

AFFIDAVIT:

State of _____

County of _____

KNOW ALL MEN BY THESE PRESENTS:

THAT

Name of Wyoming Corporation

doing business as

Name of DBA

of

Wyoming Business Street Address

City of _____ County of _____ State of _____

with a mailing address of _____

Address

City/State/Zip

Telephone No.

being duly sworn, deposes and says that the corporation named above is organized under the laws of the state and has been in existence in the state for one (1) year or more and its president has been a resident of the state for one (1) year or more immediately prior to bidding upon the contract or responding to a request for proposal and maintains its principal office and place of business within the state. If at least fifty percent (50%) of the issued and outstanding shares of stock in the corporation are owned by nonresidents, shares of the corporation shall: (I) have been acquired by nonresidents one (1) year or more immediately prior to bidding upon the contract; or (II) be publicly traded and registered under Section 13 or 15(d) of the Securities Exchange Act of 1934 for one (1) or more classes of its shares.

Please Indicate Type of Business (check all that apply):

Erection _____ Construction _____ Alteration _____ Repair _____

Note: This office does not certify resident suppliers or consultants.

The corporate president's name and permanent Wyoming home street address:

Name	Street Address	City/State/Zip
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Note: PLEASE PROVIDE A PHOTOCOPY OF THE PRESIDENT'S DRIVER'S LICENSE. IF THE LICENSE IS AN EXTENSION, PLEASE PROVIDE A COPY OF THE BACK OF THE LICENSE ALSO. WE WILL NOT PROCESS THIS AFFIDAVIT WITHOUT A COPY.

THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Corporate Vice President/Secretary/Treasurer

Corporate President

Sworn to before me on this _____ day of

_____, 20_____.

Sworn to before me on this _____ day of

_____, 20_____.

Notary Public

Notary Public

Note: This form must be signed by the corporate president and one other officer with that officer’s title next to the name. Both names must be notarized.

INCOMPLETE OR UNSIGNED FORMS WILL BE RETURNED FOR CORRECTION